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Substitute for form 1449/PTO (Revised 07/2007)  INFORMATION DISCLOSURE STATEMENT BY APPLICANT					<u></u>	Complete if Known						
					Application Number			er	10/597,458			
					Filing Date				February 26, 2007			
						First Named Inventor			Moeller			
					A	Art Unit			2617			
					17.	Examiner Name			Opiribo Georgewill			
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Sheet	1 of 1					Attorney Bocket Number			0427337314340			
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Initials*	No.	Number - Kind Code (if known)			MM-DD-YYYY				of Cited Document	Relevant Passages of Relevant Figures Appear		
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FOREIGN PATENT DOCUMENTS												
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Examiner Initials	Cite No.	Country Code - Number Kind Cod (if known)			е	Publication Date MM-DD-YYYY		Name of Patentee or Applicant of Cited Document	nt of Cited	Where Relevant Passages or Relevant Figures Appear	Language Translation Attached	
	1	EP 0923218 A2		06-16-1999		<del></del>	Robert Bosch GMBH			X		
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<sup>\*</sup>Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.